

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN160AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/02/2010
NAME OF PROVIDER OR SUPPLIER EAGLE VALLEY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1807 E LONG ST CARSON CITY, NV 89701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 2/2/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for thirty-eight Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was thirty-two. Ten resident files were reviewed and ten employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a grade of C.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 103 SS=F	<p>449.200(1)(d) Personnel File - NAC 441A / Tuberculosis</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p>	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 This Regulation is not met as evidenced by: Based on record review on 2/2/10, the facility failed to ensure that 1 of 10 caregivers complied with NAC 441A.375 regarding tuberculosis testing (Employee #3 - missing two-step TB tests) for the protection of all residents. Severity: 2 Scope: 3	Y 103			
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 2/2/10, the facility failed to ensure 4 of 10 caregivers met background check requirements (Employee #3 - missing fingerprints and State and FBI statements, Employee #2 and #4 - missing FBI statements, Employee #5 - missing State and FBI statements). This was a repeat deficiency from the 2/2/09 State Licensure survey. Severity: 2 Scope: 2	Y 105			
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service	Y 255			

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Y 255	<p>Continued From page 2</p> <p>NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.</p> <p>This Regulation is not met as evidenced by: The following violations were documented as a result of a survey conducted on the Eagle Valley Care Center's food service establishment on 2/2/10.</p> <p>Improper handwashing was observed by the kitchen staff during the use of food protection gloves.</p> <p>Wiping clothes used for sanitizing food contact surfaces were not being stored in sanitizer solution.</p> <p>The flour storage container cover in the dry storage room is cracked and damaged.</p> <p>The stove hood and vents are soiled with grease and food debris.</p> <p>The dry storage shelves are soiled with dust and</p>	Y 255			

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Y 255	Continued From page 3 food debris especially above the freezers. The two freezers located in the dry storage room are household and need to be replaced with commercial/NSF certified equipment. Miscellaneous articles stored outside (washer, picture frame, ladder, etc.) need to be managed/stored to ensure the outside storage area can be properly cleaned and maintained. This was a repeat deficiency from the 2/9/09 Sate Licensure survey. Severity 2 Scope 3	Y 255			
Y 434 SS=F	449.229(3) Emergency Drills NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill. This Regulation is not met as evidenced by: Based on record review on 2/3/10, the facility did not ensure that monthly evacuation drills were conducted on an irregular schedule for the past 5 of 12 months (December, October, August, July and May of 2009). Severity: 2 Scope: 3	Y 434			
Y 878 SS=E	449.2742(6)(a)(1) Medication / Change order	Y 878			

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Y 878	Continued From page 4 NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review and interview on 2/2/10, the facility failed to ensure that 3 of 10 residents received medications as prescribed (Resident #4, Peptobismol, #8, Milk of Magnesia and #9, all as needed medications). Severity: 2 Scope: 2	Y 878			
Y 885 SS=F	449.2742(9) Medication / Destruction NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be	Y 885			

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Y 885	Continued From page 5 deemed to be an acceptable method of destruction of medication. This Regulation is not met as evidenced by: Based on observations and interviews on 2/2/10, the facility failed to ensure discontinued, expired medications, or discharged residents' medications were destroyed instead of maintaining them to be distributed as needed to any resident. Severity: 2 Scope: 3	Y 885			
Y1001 SS=D	449.2758(1) Training Req-Elderly Disabled NAC 449.2758 1. Within 60 days after being employed by a residential facility for elderly or disabled persons, a caregiver must receive not less than 4 hours of training related to the care of those residents. 2. As used in this section, " residential facility for elderly or disabled persons " means a residential facility that provides care to elderly or disabled persons who require assistance or protective supervision because they suffer from infirmities or disabilities.	Y1001			

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Y1001	Continued From page 6 This Regulation is not met as evidenced by: Based on record review on 2/2/10, the facility failed to ensure that a minimum of 4 hours of training related to the care of elderly and disabled residents was received within 60 days of hire by 2 of 2 employees (Employee #5 and #10). Severity: 2 Scope: 1	Y1001			

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